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ABSTRACT

This report describes a 2-year effort begun in fall, 1988, to improve the child care provided at the Child Health and Development Institute, located in an unidentified Middle Eastern country. The report begins by stating eight guidelines that governed the project. Discussion then turns to the three phases of the project: (1) identifying and analyzing the problems involved; (2) preparing the staff and selecting the children who would participate in the project; and (3) getting official approval from the Ministry of Social Affairs. It was intended that the group of children and staff involved in the project would be reminiscent of an Arab family to the degree possible. As a result of the project, 6 of the 15 participating children left the institute and returned to their biological parents, an outcome that was considered "a financial gain for society." Brief descriptions of each child, and an outline of the daily routine for the children, are included. (HOD)

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The Process of Change: Altering the practice of care in a children's home in the Middle East

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Editorial History

This report was originally commissioned by Rädda Barnen (Save the Children, Sweden) and was published by that organisation in June, 1991. The Bernard van Leer Foundation is extremely grateful for permission to reproduce the text here, in pursuit of its aim to disseminate relevant field experience of work with young children.

About the author

Birgitta Gälldin Åberg is a Swedish child psychologist who has worked in the field of mother and child health care for the last 20 years. As a consultant for Rädda Barnen she worked for two years in the Middle East, building up a mother and child health care clinic as well as undertaking the work reported here.

During the Gulf War, she visited both Turkey and Iraq to report on the plight of Kurdish children in the region. More recently, she has led a seminar in Vietnam on the issues of child development and children at risk.

About this paper

Step by step, the paper describes one model for bringing about change in institutional care, in this case, a large children's orphanage, which was turned into a collection of small family groups. It also explains the process of change at different levels, focusing particularly on altering attitudes among staff and decision-makers.

Above all, it shows how a group of 15 children who in Sweden would probably have been admitted to a psychiatric clinic, were healed by three largely untrained local women acting as surrogate mothers.

Bernard van Leer Foundation

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The Process of Change: Altering the practice of care in a children's home in the Middle East

Introduction

This report describes a process of change which was started in the autumn of 1988 at a state-run children's home in one of the Middle Eastern countries. The purpose was to improve the practice of child care. The main part of the work was carried out over a period of two years.

Carrying out such a process of change requires access to the facilities of a base organisation. This does not necessarily need to be a mother and child health care clinic: a local Rädda Barnen organisation, for example, is sufficient. However, the base organisation needs to have both an interest in children and an accumulated competence about them.

The Child Health and Development Institute

The base organisation for my work at the children's home was the Child Health and Development Institute in Sweileh, an institute with a mother and child health care clinic set up by Rädda Barnen. I worked at this institute for two years as a psychologist, together with local personnel: doctors; nurses; auxiliary nurses; laboratory personnel; a social worker; a pre-school teacher; a psychologist; and administrative staff.

During the institute's first four years, the personnel received training and education in child health care from a Swedish doctor, a Swedish child nurse and a Swedish child psychologist. This training was adapted to the country's own cultural conditions. After this period everyone had a thorough knowledge of small children and their needs.

Initiating the process of change at the children's home would not have been possible if I had not worked in cooperation with these people. They partly worked as translators and intermediaries of cultural patterns, and partly as discussion partners – the work of change is psychologically very trying, and one needs people with whom one can discuss all the problems. It was also essential that I worked with partners who were well acquainted with the country's establishment and its organisations. In this case, I chose a social worker from Rädda Barnen's Institute. She had been there from the beginning, had experience of work with families and children and also had further education in children's needs. Another close colleague from the Institute was a pre-school teacher of Arabic origin who had been educated in Sweden.

Both these assistants gave me advice about what changes were possible given the cultural framework. Especially at the beginning, before I had gained the

confidence of the staff in the children's home, it was necessary to work through these two assistants. This also helped to guarantee the project's existence and development.

Another condition for people working in this sort of process of change is some form of education in organisational psychology. This is necessary partly because one needs to know at what levels it is most important to work, and partly because one must decide when it is appropriate to take action – one cannot proceed too quickly.

The following eight points were established as guidelines during the work of the project:

- assume that it is the system that is wrong, not the staff;
- staff are often neglected and need a lot of support, encouragement and praise;
- it is important that the work of change is accepted and supported at all levels: that it is anchored with all those involved;
- acquire a total picture of the organisation of the children's home as well as how, where, and at which level the decisions are made;
- education and training at all levels, even for clerical staff at the Ministry, is of crucial importance;
- a base organisation is needed as a starting point;
- respect the cultural conditions that exist in the country;
- change takes time: assimilation of knowledge is a gradual process.

The situation at the children's home

The home, which was run by the State under the Childhood Department of the Ministry of Social Affairs, had places for 140 children between 0-11 years. The children were there for a variety of reasons: some were orphans; some had been found on the street; others had parents who for various social reasons could not take care of them. Up to the age of six, there was a mixture of boys and girls. After that, the boys were moved to another children's home, whilst the girls stayed until they moved to a nearby home at the age of 11.

The home consisted of four buildings, with an inner courtyard in the middle. The largest buildings accommodated the administration, kitchen, homework rooms, music and play rooms, laundry room and dormitories for the children from four years upwards. Another of the buildings contained dormitories for children up to four years, two play rooms, a room for handicapped and retarded children, a scullery, a room for the doctor and nurse, and a large hall.

The children at the home were divided into four age groups:

Childhood Section A	children from 1 day – 3 years
Childhood Section B	children from 3 – 4 years
Alia kindergarten	children from 4 – 6 years
Alia school	children from 6 – 11 years

Within these main groups the personnel rotated steadily. This meant that they met new children every day, and the children continually met new carers. Most of the children were in the first group, Childhood Section A, which contained nearly twice as many children as the remaining groups together. In this large group, the children were divided according to age into separate rooms:

from 1 day – 12 months; from 12 - 18 months; from 18 - 24 months; from 24 - 30 months; from 30 - 36 months.

The children in these five groups spent all their time in their own rooms, only moving between rooms as they grew older. They met new personnel every time they moved, which made it impossible for them to form any close emotional attachments to a specific person. The opportunities for staff to foster development were therefore extremely limited. Compared with Swedish standards, the ratio of personnel to children was also very poor: about one staff member per 15 toddlers and one staff member per 25 older children.

The work itself was considered to be of low status. The women were often referred to a job there as a last resort, so motivation was low and the staff had low self-esteem. The only reason they worked there was because their families depended on their incomes. There was little joy or involvement in the work. Most of the staff worked in shifts and the salaries were very low, even in comparison with the general level of salaries in the country.

Phase I: Identification and analysis of the problems

During visits to the children's home we made a number of observations.

1. That children died for no apparent medical reason. Despite receiving nutritious food, the infants could not assimilate it, which meant they lost an alarming amount of weight. This condition has been described as 'failure to thrive' and is due to infants needing to have an emotional dependence on someone in their environment in addition to food.

   As long ago as the 1940s, John Bowlby and Anna Freud discovered that children in an institution, who lacked an adult to establish ties with, did not develop normally. Neither did their psychomotoric skills develop as well as they should. Furthermore, the children had serious emotional problems due to a lack of a loving relationship.

2. That children lay and rolled, or stood and rocked in their beds – a sign of lack of stimulation.

3. That there was a room containing handicapped and retarded children. Of the children who were considered retarded there were many who were actually deeply disturbed, again due to a serious lack of love and stimulation.

4. That the older children were at least one year behind in their development.

5. That the older children also totally lacked a sense of perspective. They clung to anyone no matter who, called everyone 'mother' and always wanted to be carried or put on someone's knee. When picked up, they hugged tightly like small apes.

6. That the children had no possessions at all and did not even have a specific bed: they were treated as a group, not as individuals.

A detailed description of the situation at the children's home can be found in the video *A family group at a children's home* (Rädda Barnen, 1990).

If one analyses the children's symptoms from theories about how a personality is formed, it becomes quite clear that the greatest problem for them was that they had never had the opportunity to form an attachment to one or a few carers: they were taken care of by different people and they changed room/home five times during their first three years. The result of this was that they could not even feel secure in their own room or bed. The lack of primal care was the fundamental reason for the children's behaviour.

Goals for the work of change

As a result of this analysis and given the conditions in the children's home, the following main goal was established for the process of change:

'Every child will be given the best possible conditions for developing into a complete individual, as far as this is possible for children who are growing up in an institution.'

To reach this goal, the following nine sub-goals were formulated, together with the means for achieving them:

1. Try to do something directly for the children: modelling – be an example for the staff.
2. Try to win the staff's trust: modelling – have personnel group discussions.
3. Train and educate the staff: education.
4. Influence those responsible: education and lobbying
5. Achieve an organisational change as a longterm goal: divide the children into family groups, with one or a few carers responsible for each.
6. Attempt to create family-like systems in all institutions for children in the country in the long term.
7. Try to change attitudes towards young illegitimate children in the longterm.
8. Reunite the children with their families of origin.
9. Try to ensure that, in the future, no children should be forced to grow up in a children's home.

These goals were in turn broken up into sub-goals:

- train and educate the staff about young children's needs;
- strengthen the self-esteem of personnel so that they take initiatives themselves;
- encourage staff to see every child as an individual;
- establish a family-like atmosphere for children, where hopefully every child is treated as an individual;
- start a family-like group within existing systems to prove that possibilities for change exist.

Modelling

After having investigated the situation at the home, we felt it was appropriate to start work immediately. We informed the Ministry about our plans and the matron welcomed practical help from us. A concrete starting point – which also corresponded with our goals – was to work with the staff in the section for infants and be a model for them. Infants were most likely to recover, and these visible results would stimulate the staff's desire for work.

We therefore began by visiting the children's home one afternoon a week, for about two and a half hours each time. We went straight to the infant section, picked up some of the infants and fed them on our knees. As part of modelling we always fed the same child each time.

When the staff started asking questions about our procedure, we told them what we were doing and why. Quite soon, one of the staff also started picking up a child, sitting down next to us and feeding the child. This was primarily due to curiosity and a wish for contact. In this way we initiated a dialogue about the food situation.

Many of the personnel noticed that we always picked up the same child instead of picking up the one that screamed loudest. They wondered why we cuddled

and chatted to such small infants when they obviously could not understand what we were saying. We were then able to explain objectively the importance of interaction with small children.

At this point we knew that the time had come to start giving education and training.

After a few visits to the children's home there were so many questions about children's needs that there was insufficient time to deal with them. The staff then suggested they would help us with the feeding if we could stay while they sorted out and folded the laundry. This would make time for discussions. Quite possibly they also wanted to show us that they did work: sorting out and folding laundry was looked on as the real work whereas being with the children could be done 'on the side'.

Since my main strategy was to wait for the staff's own initiative and for them to realise themselves that a reorganisation was necessary, I was very pleased when the proposal was made.

At an early stage I discussed with the social worker the necessity of having a forum reserved for discussions and encouragement. It was obvious that no one appreciated the staff: even they did not believe that they did anything important, evident and visible – except folding the laundry.

Discussion groups

The discussions were highly appreciated. Initially, they only dealt with the staff's own children or the neighbour's children. We tried to give explanations and advice. If there was a more serious problem, we could send the child and family to Rädda Barnen's Institute for a more thorough examination, both medically and psychologically.

This proved to be an advantage because it quickly gave the staff confidence in us. Initially they were very sceptical about our knowledge. One of the reasons for this was that what we did looked so easy: they thought that much more would be needed and that helping to make the children feel better would be rather more difficult.

Once the staff had discussed their own problems a few times, they were in a position to think about the children's home and to ask questions about it. Even at this early stage, we tried to be as specific as possible in our suggestions about how they should take care of the children.

Each time we came, we were very careful to follow up what had happened since our last visit, giving praise to those who had become involved with a child. Positive changes in children are rewarding in themselves, but they can cause pain if one has not received praise oneself. We therefore gave staff an abundance of praise and always tried to avoid making them feel guilty or bad.

They asked what happens to children who grow up in an institution. I then described how they could act as parents. But I studiously avoided talking about the problems that could occur in the near future or which already existed because I judged that this could have been threatening. Also the staff might not have managed to retain their newly acquired involvement.

After every visit to the children's home, we told the matron what we had done and emphasised every small positive change. It felt so important not to say anything critical of the staff since she had a negative picture of them. She could

not, nor did she want to, see that most of the poor environment for the children's upbringing was the result of the system, rather than evil or incompetent staff.

Quite soon the staff realised that they had something to discuss about nearly every child, and they asked whether we could start giving them training and education. They wanted to use their newly acquired knowledge in a more radical way. Slowly but surely we had reached the next stage in our 'ladder of training and education' a step which was, however, more formal: staff had to take time off work to participate.

Anchoring the training and education

The staff's request for more regular training and education had to be first anchored with the matron of the home. This was not difficult, as she had participated in some of our discussion meetings and thought we had knowledge the staff should become familiar with. It was then necessary to anchor the training and education with the Ministry. Rädda Barnen's Institute therefore took the opportunity of inviting representatives from the Ministry to a seminar about the needs of young children.

My idea had been to hold this seminar for administrative staff at the Ministry so that they could more easily understand what we were talking about and what we had been doing at the children's home. But whether they misunderstood, or got the wrong impression, I do not know. The twenty people who came to the seminar were people in charge of various children's homes and institutions for young children throughout the country. Working with these people was to have been part of the next stage of our programme.

However, the seminar took place and it dealt with young children's primary needs from medical, social, psychological and pedagogical points of view. The significance of interaction permeated the whole day. Proof of our really having put our message across was that many of the participants afterwards asked us about what could be done with 'their' children, who had also not had very much interaction.

It was important that the local staff at the Institute arranged the whole seminar because showing respect for a country's culture is crucial, especially when it concerns the upbringing of children. Children are the means for perpetuating culture, and norms for children's upbringing are the last factors which should be changed. Therefore one has to find a way that, within the given norms, leads to change and renewal. This is only possible if one works with local people and maintains an open discussion with them.

It later proved to be unfortunate that the training and education for the Ministry did not materialise: on repeated occasions we faced resistance. I believe that this would not have happened had the administrative staff participated in our seminar. They often did not understand why we pursued certain questions so firmly, and so we had to put a lot of time and energy into telling them about young children's primary needs.

Their resistance was on the point of jeopardising the entire training and education programme. But after lobbying a secretary several times – who proved to be on our side – we got the go ahead to start our training and education schedule. The training is still going on and it is very gratifying that nearly every member of the staff manages to attend.

Training and Education series

The first matter I took up in the training and education series was the importance of early stimulation and contact. The contents of my lectures were easy for the staff to understand: they had seen with their own eyes how some of their children died from failure to thrive, a depressive condition in infants. They had also seen for themselves that children who perhaps only received stimulation and attention for ten minutes a day, rapidly gained weight and changed positively – sometimes within the space of a few days.

After every lecture, there was time for discussion and questions. Everyone took part enthusiastically and showed genuine interest.

Parallel to these theoretical lectures, the pre-school teacher from Rädda Barnen's Institute gave a series of talks around the subject of play and toys for small children. In connection with this, she also lent the children toys from the toy and equipment lending service which is linked to the Institute. The staff had yet another opportunity for asking questions and for discussion. In these sessions, I participated as a sort of supervisor since many of the subjects touched on my specialist area of child psychology. It was very instructive for me to take part in this and hear what emerged. For example, the staff wanted to discuss finger sucking, jealousy, development of language, masturbation and drawing.

By now the questions were focused on the children in the home, the staff having obviously resolved their personal problems with their own families. We then decided that the pre-school teacher would lecture on the subject of play as seen from a wider perspective. She started this part by showing a series of slides about play. She then thoroughly went through the publication *No Development without play* (Rädda Barnen, *Children at Risk*, 1990). Her lectures were divided into two parts, one theoretical and one practical. The children took part in the practical sessions and this made the training more vivid. Staff also played – many of them had never played at all before.

After having gone through the entire pre-school material, a remedial teacher from Sweden talked on 'Steps of Child Development', a pedagogical method for working with children's motor and perceptual development. During these talks, the local pre-school teacher acted as interpreter. Through this means she herself became very familiar with the material. This helped the next stage of the training and education – a deeper knowledge of the subject – and she continued to go through the entire material with staff. As an indication of how well the messages were getting through, the staff asked for soft, cuddly, toy animals for each infant in the home.

During the series of lectures we gave, a small number of particularly enthusiastic people emerged. They gradually began discussing the changes needed to enable the children to have better conditions. After a number of different suggestions, it was decided that family life was best for the children and that we should try to arrange a group which as far as possible was reminiscent of an Arab family.

We had attained one of our subgoals – to start a family project.

Counselling

The counselling varied considerably, ranging from support and discussions to more professional guidance. In this work for change it was always a question of being flexible. The social worker from the Institute was my link with the staff at the children's home as well as being my closest colleague. She received continuous guidance from me because it was essential that I always explained

my work and described its anticipated effects. She herself needed a lot of support: it was extremely hard for her to see children suffering so much in her own country. The pre-school teacher from Rädda Barnen's Institute also helped with the process of change at the children's home and received similar guidance.

Staff of the home received very specific counselling and I often had to show in a very practical way how they should proceed. For example, concerning infant depression, I demonstrated how they should act to 'force' eye contact: hold the infant closely in one's arms; sing to it and cuddle it. I also had to make it clear that it was important that the same person always worked with the same child each day.

When staff wanted to show me that certain children were not well, we relied even more on signs and demonstration because we did not speak the same language. They would take me by the hand and lead me to the child. Having assessed the situation, I would then take the staff member by the hand and we would both go to the matron. I did this to demonstrate that the person taking care of the child was the one who knew it best, and was also therefore in the best position to observe small changes in behaviour. So, gradually, the staff began to feel that they were fulfilling an important role, and that their knowledge of the children was of value.

After each visit to the children, time was set aside for discussions with the matron. These varied in scope depending on her workload. We always discussed the different children with her and the measures we were recommending for them. We also praised whoever was working well with a child. This was important because the matron, via the Ministry, had such a poor view of the staff. However, she began to recognise that they were doing their best under the prevailing circumstances.

After a while, she asked us to help her train the staff for working on a new schedule which was intended to be responsive to every child's needs. In this new schedule every person was attached to a specific room, which meant that they would be able to take care of the same children every day.

We also discussed how to deal with visitors. The matron did not want her children's home turning into an excursion site, nor to become the object of misplaced charity. She had noticed that visits really did more damage than good. For example, children rushed towards the visitors and dug into their bags for presents or sweets. The matron finally decided to curtail visits by outsiders, and to receive presents to the home personally so that they could benefit all the children. She also asked the staff to become responsible for guiding visitors, thus adding to their professional status.

PHASE II: 'The Family'

Preparations

For organisational reasons it was very important to anchor our ideas high in the hierarchy before starting our project. The former Social Minister was replaced and the new one, a doctor, listened to me and totally supported the idea of change in the children's home. At the Ministry we also had numerous long discussions with those people who had administrative responsibility for the home. They were not as enthusiastic as the Minister and tried to sabotage the project many times. I think that one of the reasons was their fear that the project could change their own work and role. They felt a deep insecurity about the new responsibilities they might have.

Finally, however, instructions came directly from the Minister himself; work could start and, furthermore, was to be evaluated. If it functioned well, the project could serve as a model for many other children's homes throughout the country.

The staff

The selection of staff for the family project was conducted in such a way that those wanting to work as 'mothers' could register voluntarily. Four women, aged around 20 years, registered immediately. Others discussed the matter with us, although they did not feel ready for such an assignment. Still others said that they did not want to disappoint the children who remained in the original form of care.

Finally, four women were contracted and they agreed among themselves how to deal with the work schedule. Since they understood that continuity was important for the children, they set up a permanent work schedule. In this way the home obtained a 'morning mother', an 'afternoon mother' and a 'night mother' who also slept with the children. The fourth mother would stand in for the others during their free time or in case of illness. The schedule worked well. According to the matron, this group of staff managed the schedule themselves.

The team were prepared for their new assignments by showing them the video *Rock a Baby Rock*, which deals with the problems children acquire when growing up in institutions lacking stimulation. I had the video in mind for some time, but it seemed inappropriate to show it before we had some specific measure to present. Now it formed the basis for numerous intense discussions about how the family should be formed and conducted.

The next step was to select the children for the project. I wanted the mothers to feel that it was their own project so they, together with the matron, chose the children. They were welcome to discuss their choices with us but we only gave our views and did not override their decisions. The aim was to choose children in such a way that they could have been biological siblings – there should be at least ten months between them. We also wanted an even distribution of the sexes but this was difficult because the boys were normally moved to another home when they reached six. In the end, 12 children were chosen, of whom three were girls from a nearby home.

The four youngest were selected first and work began with them immediately. The mothers visited them as often as they could to become acquainted with them. After the first week, the older girls were introduced to the situation and adjusted to it, and then the rest of the children followed. The mothers reported that the process proceeded much more smoothly than they had anticipated and they were eager to get 'their' families together.

One problem I had not foreseen was that some children who had not been selected unconsciously realised that the family idea offered something they also needed. So these children simply moved in, increasing the family to 15 children. It was left to the mothers to decide whether they were willing to take in these further three children. They were.

The Children of 'The Family'

In the following descriptions, names have been changed to mask the identity of individual children.

Mona
A newborn baby girl who arrived at the children's home on the same day that

children were being selected for the project. No one knew precisely how old she was, only that she had been born in prison. The mother was in prison to protect herself against reprisals from her family for having an illegitimate child.

Children born in prison should really be transferred immediately to the children's home but very often it would be a few weeks before the police handed them over. The pediatrician from the Institute judged her to be three weeks old. (In my diary I noted 'she seems to be a strong girl who smiles, clever at holding up her head. Head and face still somewhat deformed after birth.')

There is a system for dealing with illegitimate children and their mothers. The mother is held in prison while the father is sought. If he can be found, the parents then marry and they can have their child back home. This actually happened after eight months.

When the mother came to collect Mona, she expressed sincere gratitude that Mona had spend her first months in the family, as she could clearly distinguish the difference between Mona's development and that of other children of her age. She also admitted that if Mona had been like these other children, she would probably not have dared to take her home.

Mona did not have a name when she was selected for the project, and the matron asked me to choose one for her. I suggested she should be named after herself. This was a tactical move, as the matron had expressed doubts about carrying out the project, and I had reported that the child seemed 'strong and clever...'.

The matron was flattered and happy at my suggestion, and from that moment all her doubts about the project disappeared. Obviously there were many other reasons for her change of heart. Nevertheless it clearly proved how much encouragement and support for all staff, including the matron, was needed.

Hussein
A six month old boy, with no known family, who was found in a park relatively soon after his birth. Bright, lively, curious but, like all the children, late in his motor development. He had a large umbilical rupture which worried the mothers. Probably nobody in the home had even noticed this.

Abeir
Then 17 months old, she came to the home when she was five months old. She soon became acutely depressed but was helped out of this by the woman who later worked as the morning mother. This gave them a close attachment. The morning mother demanded that, if she was going to work in the project, Abeir had to be included.

Abeir developed relatively quickly after moving to the family. She learned to play by herself and happily went out into the yard to explore her environment. She acquired a very normal and strong relationship with both the morning mother and with her elder sister, a biological half-sister who was the oldest child in the family.

Her own family, which had serious problems, preferred her to stay in the home for her own safety because her father was psychotic and her mother could not cope as sole provider for the family.

Alia
A 20 month old girl, of whom nothing was known.

Ziad
A boy of just over two years old. Newborn when he came into the children's

home, his mother had been in prison but had since fled. Ziad was the only child we brought into the project ourselves. During our modelling phase the social worker had worked with him and he seemed to be developing into a normal, inquisitive toddler. After a while, however, he was moved into a room for retarded and handicapped children since he had been diagnosed as having impaired hearing. Despite intensive lobbying on our part, it was impossible to move him out as it went against the instructions of the Ministry.

Ziad's psychological health deteriorated very rapidly after his move to the room for retarded children – so much so that when we decided to include him in the project it was already impossible to make contact with him. He just stood in his bed and hit his head against the wall until it bled.

If anyone could prove the value of the family system it was Ziad. After only a week, his autistic behaviour was broken down. He soon became keen to get all the stimulation he could around him and, as soon as the opportunity arose, he slipped away into the yard to play and to relate to the environment outside. He sometimes even came in with a bunch of flowers for his mothers.

After getting a hearing aid, he started making sounds and then, with the help of speech training, began talking. However, Ziad's hearing impairment resulted in his developing a very clear body language through which everything around him became illuminated. He showed us what it means for a child to stand up all day in a cot, and in the family he preferred sleeping on a mattress on the floor, next to his night mother.

Early on he sometimes took a member of staff by the hand, led them to the kitchen and pointed at a tap – he was thirsty. When he got a glass of water, tears of joy ran down his cheeks. Gradually the tears were replaced by screams of pleasure. The children in the home had lived under such circumstances that they could not even ask for a glass of water when they were thirsty.

One day we bought Ziad a toy car but he just sat holding it in his hands with an indifferent look on his face. I wondered why he was so nonchalant about his present, until someone said: 'Ziad has never been outside the yard. He has never seen a car!' It made me realise how little stimulation these children had.

Ali
A four year old boy, who came to the children's home when he was three. His father was in prison for incest. The mother remarried but could not take care of him. He really needed a male figure that he could identify with but, as only three men worked in the institution, we tried to compensate as best we could.

Ali remained distant and clinging, without developing his full potential. He behaved at a level at least one year behind his biological age.

Ruba
A five year old girl who was selected by the mothers because she was pleasant and always appeared happy. I told the staff that, in my view, she was a most disturbed child: she had no ability to express or differentiate her feelings and instead just laughed and smiled regardless of what was happening. The mothers needed to be overexplicit in expressing their feelings to her. After a few months Ruba learned the difference between anger, sorrow and joy.

Dena (6), Fayeh (8) and Yasmine (9)
Three girls who all went to school, were sisters, and came to the children's home relatively late. This was very apparent because they established a fairly functional emotional life, and were also a great support to the other children.

Their father had remarried in another country and planned to take the girls home as soon as he moved back.

Hidaya
A seven year old girl who could not go to school because she had no birth certificate.

Maison
An eight or nine year old girl, who was found by police in the street. She was an orphan and staff at the home tried to trace relatives without success. Her picture was even shown on TV and in the press.

Maison was one of the extra children who realised the family group had something to offer her. She often came and played with Hidaya. One day, when she should have gone to the home, she tied herself to a door and said: 'I won't leave here, I want to live here.'

Initially she was very secretive about her background but after a few months she started telling us more about herself. She was probably born in a neighbouring country and spent her first year there. At the age of five, she had probably been taken to this country by someone who used her as a home help. She had been terribly badly treated and had scars all over her body and her face. Judging from her behaviour, she had probably been sexually abused as well. According to her own story, she was thrown out of the family where she worked when she accidentally burnt the food one day.

After a while, Maison regressed very severely but this subsided and she started to grow again. She began school, was very happy there and got fine grades.

Nihad (12) and Basma (14)
Two sisters who came from the larger children's home. They had a difficult family background and neither of the parents wanted to take care of them. Both asked to be part of the project. Although it had been decided that the project could only accept one of them, the staff did not want to split them up and let them stay.

Nihad had obsessions while Basma was extremely depressed and slept most of the time. She operated mostly at the level of a five year old but was very clever with the very small children. Basma had been forced into prostitution by her stepmother.

Susanne
A 14 year old girl who asked to be one of the children in the project. She had heard that her little sister, Abeir, was to live there and saw a chance of being with her. She was a clever, bright and happy teenager whose school grades rose significantly after she had moved in. In an evaluation of the project, Susanne not only expressed her gratitude for having been able to live with the family, but also described how much better her little sister seemed.

Outer forms of the family

The family project used a separate building within the area of the children's home. This building consisted of two bedrooms, a dining room, quite a large lounge, a hall, kitchen and bathroom. The large lounge was partitioned with a curtain so we had an extra bedroom. There was a small plot of land around the building.

The older girls had the bedroom next to the lounge. In this way it was possible for them to stay up a bit longer at night, socialising with the night mother and possibly watching TV or listening to music or the radio.

All the items in the family home been acquired by begging so it was rather spartan. Despite this, the atmosphere was very warmhearted and every visit was just like going into an ordinary Arab family home.

Daily routines for the care of the children

Every day the family had fixed routines which started early in the morning.

At 7 a.m. the morning mother arrived. She relieved the night mother who then related how the evening and night had been.

The infants and toddlers then had breakfast. The school children, who started their school day at 7.30 a.m., were already prepared to leave. They had eaten earlier in the morning with the night mother. They had also helped her prepare the snack which they took to school.

After breakfast, the younger children took a shower. The older girls showered and changed from their school uniform to casual clothes when they came home in the afternoon.

Between 8 a.m. and 11 a.m. the younger children had nappies changed, were dressed and were played with.

At 11 a.m. a snack was served for them, and for those of the older girls who were at home and who could not go to school because their birth certificates were unclear or missing.

At 1 p.m. mothers and children had lunch and issues such as fun were discussed, as were the problems. Most of the time all three mothers were in the home because at lunchtime the afternoon mother would arrive and the night mother would wake up and join the group. She lived at the home and spent more or less all her time with the family. Staff in the rest of the children's home were not allowed to eat with the children; these lunches – especially in the early days – became a source of envy.

In the afternoon, while the younger children slept, the school children would receive help with their homework. Then, depending on the time, the afternoon mother played with the small children or else an older child was happy to do so. When the weather was bad, the afternoon mother watched children's TV with the young ones but no child was ever left alone in front of the television set.

At 6 p.m. the night mother took over, and at 7 p.m. the evening meal was served often prepared together with the older girls so that they could learn about preparing food. At other times the food was prepared in the main children's home kitchen and was the same as the other children in the home had.

After the evening meal, it was time for the young children to go to bed, where they listened to a story. When they were well and truly asleep, the night mother concentrated on the older children. She always checked that they could do their homework, and the evening then concluded with them all preparing together for the next day.

If one of the youngest children woke up during the night, it was allowed to sleep on a mattress next to the night mother on the floor of the lounge. She was

always happy to have children near her if they were nervous. In the beginning this happened nearly every night.

Laundry was taken care of by the children's home, but the older children sorted it out together with the afternoon mother.

When the children needed new clothes, or if something had to be bought for the household, whoever was doing the shopping always took some of the children along. Advantage had to be taken of every possibility to involve the children in the community at large. The older children were also allowed to decide what sort of clothes they should buy – within the restrictions of the limited resources available.

Every child's birthday was celebrated with a small party, and they were given a symbolic present. This was intended to strengthen their sense of identity in a culture where birthdays are not really recognised. These birthday parties also became a pleasant interlude for the mothers since it broke the routine and enabled them to invite the rest of the staff to their home – something that was much appreciated. These became good opportunities to naturally involve other staff from the home in the project.

The assistant

I could not be present as much as was needed so I employed a Swedish assistant. This proved very successful although there was some scepticism at first at involving yet another Swede. My reason for doing so, however, was that she was able to translate directly from Swedish into Arabic. Sensitive matters such as family group counselling are very difficult to achieve if the discussion has to move from Swedish to English and only then to Arabic. Through the assistant, this process became more direct. She was readily accepted when it became known that she was married to a man who came from an adjacent refugee camp, where nearly all the staff also lived.

The assistant participated in all training and education and worked three days a week in the family group. She was also involved in all the work with the children. As a result, she became significant in terms of providing support for the staff in the project and provided their link with me – which was essential in the early days when problems arose on which they wanted a quick response.

The assistant is still working at the children's home on a part-time basis. She is currently observing the development of new family projects in the remaining part of the children's home.

The matron

On a few occasions, the matron's position was extremely sensitive. She was caught between the Ministry, the children's home and the views we represented. Quite soon she became convinced that a change was needed at the home if the children were to have a better life. However, the responsible officials at the Ministry often tried to oppose her and even wanted to dismiss her. Consequently, she needed a lot of support and guidance. On a few occasions she even wanted to resign. This would have been a catastrophe for the children because she had a genuine empathy with them and sympathy for them. These were was not evident within the Ministry.

On many occasions we talked to officials, and sometimes the Minister himself, about the matron's competence. We emphasised her vulnerable position and her divided loyalties. After each of these discussions, the Ministry would give her some more independent responsibility for the children's home. Maintaining an

open dialogue with the Ministry became extremely important in order to retain their support.

Although she sometimes wavered, we felt that we had the matron's total trust. Within the Ministry's Childhood Department there were people who did not accept the project and this naturally affected her. On such occasions, we had to rush to the Ministry, to secure her position because it was vital to have her involvement in the project's work.

Considering the limits of her authority, she did a marvellous job. She was chairperson of all the staff conferences and she actively participated in all advice concerning the children. As a result, the project was securely anchored with her. She could feel it was her project and that we were there to support and guide her. She was, and remains, very proud of the project.

In a TV programme made about the children's home, she spoke warmly about the project, comparing it to the disadvantages of a large institution. At the Ministry she once said: 'If I didn't have my project, and could see how well the children were doing, I would resign. I feel quite ill when I see how the rest of the children have to grow up. We must try to establish more families'.

The Ministry

The attitude of the Ministry towards the family project changed over time as officials became more familiar with it. The resistance we initially met probably arose from the fact that Ministry staff had not attended our seminar. This is yet further evidence of the importance of working at all levels to bring about change – from the children to those high in the hierarchy.

There was an illustration of this improved relationship when a group of workers from a neighbouring country's Ministry of Social Affairs came on a study visit: the family group of the children's home was the first item on their officially prepared agenda. For those of us who had worked so hard, it was rewarding to receive such support and we interpreted it as a sign that the Ministry now looked upon the project as its own.

Counselling, education and discussion groups

We also started special training and education for the family project's staff and for the matron in order to provide deeper knowledge of children's needs and development – especially in cases of separation.

As soon as the project started, I began both a staff group and a counselling group. The mothers thought it strange they should need so much support for everything seemed to them to be functioning so well. I, on the other hand, was aware that we were simply experiencing a honeymoon period. But, not wanting to spoil their enormous enthusiasm, I simply said that I was curious to see how the children would develop, and that I would therefore come twice a week.

I was afraid that, once the children felt more secure in their environment, and more assured about being able to live there, they would then act out all their fears and anxieties. The working environment for the mothers would then become practically unbearable, and the feeling of belonging and of loyalty within the working group would be put to a severe test.

Since the mothers were so capable in making the children feel secure, the actual crisis occurred much more quickly than I had predicted. After only a few weeks some of the children became very extrovert and destructive. The mothers were taken by surprise and wondered whether they had done something wrong, or

whether perhaps a family group was not such a good idea. The children, who had hardly ever screamed or rebelled, but had only done what they were told, suddenly became stubborn. The mothers started accusing one another of making mistakes, on a few occasions becoming very hostile to one another.

Through counselling and training it was explained in a simple way what happens to children who have been living for such a long time under pressure, and who have never felt sufficiently secure to give full expression to their anxieties. In such a situation, an abundance of encouragement and support is needed. When I informed the mothers that most of their 15 children would have been placed in a psychiatric clinic for children in Sweden, they felt very proud of every step of progress these children had made.

To my great surprise, many children healed very rapidly. Of course, a number of the children are still unwell, but at least they can function in their daily lives.

In time, the discussion groups became an important component of the work. We often discussed who should make decisions: the matron, myself, the assistant or one, or several, of the mothers. The mothers felt that if they were to be real mothers then they themselves should make the decisions but take advice from us. However, anxiety arose again in the group – which one of them should make the decisions?

In the circumstances, I took an active part because the children urgently needed some guidelines. I told the mothers that they must agree on certain major rules, that all three were very wise, and each of them had many fine qualities to give the children. Therefore it would be a shame to have too strict a schedule. At first they did not understand this. But when I drew parallels with their own families of origin, and how sometimes they could go to their mother if their father was too strict, or vice versa, they could then see the advantages of having three different personalities.

After these heated and often intense discussions, there was no more friction between the mothers and they encouraged one another in a most admirable way even when the children tried to play one mother off against another. The matron had never experienced such fine staff cooperation. But it should be remembered that they had never previously been given a chance either to work together, or to influence practice. The project initiated many changes at many different levels.

After the family project had been running for a while, the biological parents were invited to come and visit their children. In those cases where it was possible, the children prepared tea for their parents, baked or bought a bite to eat. Then parents and child socialised together in the lounge. We tried to make it as much like home as we could, in order to show parents the difference between the new conditions and the original conditions in the large home.

In the large home, there was no specific place for parents and children and so one saw them sitting together in a corner of the yard, instead. The opportunity of being able to meet their children in pleasant and relatively normal circumstances resulted in many of the parents taking their children home again. They were then replaced by children of the same age from the large children's home.

Naturally the mothers handed over 'their' children with mixed feelings, but in the counselling group they were able to work through these feelings, and realise what a good job they had done. In the long term, it was of course in the child's best interest to grow up in its own biological family.

When the project had run for about three months, and further improvements had been made for all the children in the home, we once again showed the video

Rock a Baby Rock, this time for all the staff. Nearly everyone could now apply the information in the video to their own experience, and many of the staff could claim that it showed exactly what their children did. It was also possible for them to see that the children's problems arose out of the system and externally imposed limitations. I had to point out to the other staff in the home that they had done their best, but that a major change had occurred because of the project.

The staff group then came to a joint conclusion that a reorganisation was necessary. If families could not be created for all children, then at least the children should be divided into extended sibling groups. Previously the staff had thought the mothers did not do anything, and that the children merely helped them with the washing and cleaning. Now they were able to recognise the children as individuals and to understand their specific needs.

Eighteen months had passed since we started our work at the children's home. The work of change is not a fast process: one needs patience, and the ability to wait for the right moment in time.

The social workers

As the process at the children's home was developing, the social workers realised how much better it was for children to grow up with their own families than in an institution. It became increasingly difficult for them to accept into care children who had families, so they turned to us for advice about how to explain this to parents.

Sometimes parents came to visit their children at the home and hardly recognised them. Due to their own complicated situations, many families let their children come to the home in the belief and hope that it was a good solution for them. One contributory factor to this perception was the colourful brochures put out by the children's home: these gave the impression of an idyllic place.

Together with the matron and the Ministry, we therefore decided that the social workers at Rädda Barnen's Institute would train and educate the home's social workers, focusing on the results of separating children from their families. Equally, it was obvious that the medical personnel at the home had little knowledge about children, and would require additional training.

Finances

It was no more expensive organising the children into family groups than it was to have them live in groups divided according to age. Nor did the ratio of staff to children change: the children's home already operated on a ratio of 15 children per carer.

However, the staff of the family groups felt much greater responsibility for their work and their children because they socialised with them even in their spare time. This was particularly true for the night shift because the night mother lived in the home. Staff did absolutely everything they could for the children, including taking them out on various errands in town and visiting homes. There was much less absenteeism among the staff, which meant that the matron did not have to make arrangements to bring in temporary staff. The mothers also made their own arrangements if one of them needed to be absent.

The premises had not been converted to create the family group, partly because of a lack of funds, but also because it would have delayed the start of the project. It also was important to show that even with limited means, the conditions in which children were cared for could be changed.

As a result of the project, six of the children left the home and returned to their own families – a financial gain for society.

There is, of course, an ultimate cost in all this. According to psychological theories, one cannot become attached to someone as an adult if one has not had that experience as a child. Some of the children in the home will marry and have children of their own, but they will not really have a model of how to behave as a parent. Thus the children of the next generation will have a difficult time, and they risk being abandoned by parents who were themselves cut off by their families. This creates a new generation of children who are very expensive for society to care for.

Phase III

The Ministry has now decided that new family groups are to be started as soon as suitable premises can be found near to the children's home. The new mothers are to be recruited from the original staff, and the mothers from our project are to be tutors in these new schemes. Whilst waiting for new premises to be found, the matron will rearrange the children in the children's home into some form of sibling groups.

At last, with these official decisions, it was clear that the thoughts and ideas behind the project had really been understood at the highest level, and that they have met with official approval.

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Studies and Evaluation Papers is a series of background documents drawn from field experience to present relevant findings and reflections on 'work in progress'. The series therefore acts primarily as a forum for the exchange of ideas.

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The **Bernard van Leer Foundation** is an international, philanthropic and professional institution based in The Netherlands. Created in 1949 for broad humanitarian purposes, the Foundation concentrates its resources on support for the development of community-led and culturally appropriate initiatives that focus on the developmental needs of children from birth to eight years of age. Currently, the Foundation supports some 100 major projects in more than 40 developing and industrialised countries.

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